February 21, 2007

Public Health Committee – SB86

My name is Robert E. Muckle Sr. from Waterbury. I am here to comment on SB 86 An Act Establishing Standards for Early Immunization against HPV.

My background is Natural Family Planning, a promoter of Abstinence Education and the Right to Life movement.

Enclosed with my comments is a HPV Vaccine Statement from the Medical Institute of Sexual Health, Austin Texas. This is a reputable organization.

Some of the comments from this statement are: "The Medical Institute supports *routine* but not *mandatory* vaccination against HPV for Adolescent females". "Cervical cancer is caused by human papillomavirus (HPV). This is a sexually transmitted infection." "HPV is very easy to get from sexual activity; it is often acquired shortly after a person becomes sexually active". "About 40 strains of HPV cause genital infections. Approximately half of the 40 HPV strains can cause cancer". Approximately half of the 40 HPV strains can cause genital warts".

"The FDA-approved vaccine (i.e., Gardasil) does not affect existing HPV infections. Treat HPV-related problems such as abnormal Pap Smears, cervical cancer, or genital warts. Eliminate the need for routine cervical cancer screening such as Pap tests. Reduce the risk for other sexually transmitted infections including HIV".

"The Medical institute for Sexual Health does not support **mandatory** immunization. For many vaccines, immunity tapers off over time; this is why 'booster' shots are needed. For any vaccine to effectively reduce risk, the immunity it provides must be strong when the person is exposed to the virus or bacteria. Although the HPV vaccine's effect appears to last at least 5 years so far, no one knows how much longer it lasts. The timing of the vaccination should be decided by each girl's parents in consultation with her doctor".

Because he HPV vaccine will only reduce risk for some of the HPV strains causing cervical cancer and has no effect at all on reducing risk for other STIs such as Chlamydia, herpes and HIV. Parents and policymakers need to: Promote risk avoidance (abstinence) for young people and clearly communicate to young people expectations of responsible sexual behavior."

You can go The Medical Institute web site www.medinstitute.org for more information on the great work that they do.

Robert E. Muckle Sr.

Robert E. Muckle Sr

203-753-1312

The Medical Institute's Statement on Mandatory HPV Vaccination
February 2007

sexual health

sti fact sheets

data & statistics

research & reports

presentations

FAQs

- The Medical Institute for Sexual Health supports **routine** but not **mandatory** vaccination against HPV for adolescent females. In other words, MI believes that all adolescent females should be vaccinated. However, the timing of the vaccination should be decided by each girl's parents in consultation with her doctor

- Cervical cancer is caused by human papillomavirus (HPV).[1] This is a sexually transmitted infection

- HPV is very easy to get from sexual activity; it is often acquired shortly after a person becomes sexually active
  - As many as 1 out of 5 girls have had sex before they enter high school [2] Most of the time, girls in this age group did not want to start having sex[3,4]
  - About half of adolescent females have had sex by the time they finish high school[5]
  - At least three-fourths of college-age females have had sex[6,7]

- About 40 strains of HPV cause genital infections[8]
  - Approximately half of the 40 HPV strains can cause cancer
    - Types 16 and 18 cause about 70% of cervical cancer[9]
    - These two strains are included in the FDA-approved Merck vaccine – Gardasil® as well as the Glaxo Smith Kline (GSK) vaccine that is pending FDA approval – Cervarix®
  - Approximately half of the 40 HPV strains can cause genital warts
    - Types 6 and 11 cause about 90% of genital warts[10]
    - These two strains are also included in Gardasil but not in Cervarix
  - Thus, Gardasil works against the HPV strains that cause 70% of cervical cancer and 90% of genital warts

- The FDA-approved vaccine (ie, Gardasil) does not
  - Affect existing HPV infections
  - Treat HPV-related problems such as abnormal Pap smears, cervical cancer, or genital warts
  - Eliminate the need for routine cervical cancer screening such as Pap tests
  - Reduce the risk for other sexually transmitted infections including HIV

- The Advisory Committee on Immunization Practices (ACIP) supports "quadrivalent vaccine (ie, Gardasil)" as a **routine** vaccination for adolescent females[11]

- Although some have suggested that immunizing young females with the HPV vaccine will encourage promiscuity, this is unlikely
  - Minors do not read the vaccine statement or sign the consent form
  - In a study of hepatitis B vaccine recipients and nonrecipients, almost no minors were able to provide accurate information about the purpose of vaccines in general, or of hepatitis B vaccine, in particular.[12]

- Given that most minors know or recall almost nothing about their immunization history, it is unlikely that HPV vaccination would affect their behavior

- The Medical Institute for Sexual Health does not support **mandatory** immunization
  - For many vaccines, immunity tapers off over time; this is why "booster" shots are needed
  - For any vaccine to effectively reduce risk, the immunity it provides must be strong when the person is exposed to the virus or bacteria
  - Although the HPV vaccine's effect appears to last at least 5 years;[13] so far, no one knows how much longer it lasts
  - The timing of the vaccination should be decided by each girl's parents in consultation with her doctor

- Because the HPV vaccine will only reduce risk for some of the HPV strains causing cervical cancer and has no effect at all on reducing risk for other STIs such as chlamydia, herpes, and HIV
  - Parents and policymakers need to
    - Promote risk avoidance (abstinence) for young people
    - Clearly communicate to young people expectations of responsible sexual behavior

---

References:
1. World Health Organization (WHO). *State of the Art of New Vaccines: Research and Development*. Geneva, Switzerland: World Health Organization; 2003:40.; Available from: http://www.who.int/vaccine_research/documents/en/stateofart_excler.pdf. Accessed: 2007 Feb 8.
2. Eaton DK, Kann L, Kinchen SA, et al. Youth Risk Behavior Surveillance--United States, 2005. *MMWR Surveill Summ*. 2006;55(SS-5):19. Available from: http://www.cdc.gov/mmwr/PDF/ss/ss5505.pdf. Accessed 2007 Feb 7.
3. Alan Guttmacher Institute. *Sex and America's teenagers*. New York: Alan Guttmacher Institute; 1994:22,28.
4. Moore KA, Nord CW, Peterson JL. Nonvoluntary sexual activity among adolescents. *Fam Plann Perspect*. 1989;21(3):110-4.
5. Eaton DK, Kann L, Kinchen SA, et al. Youth risk behavior surveillance--United States, 2005. *MMWR Surveill Summ*. 2006;55(SS-5):19. Available from: http://www.cdc.gov/mmwr/PDF/ss/ss5505.pdf. Accessed 2007 Feb 7.
6. Centers for Disease Control and Prevention (CDC). Youth Risk Behavior Surveillance: National College Health Risk Behavior Survey--United States, 1995. *MMWR CDC Surveill Summ*. 1997;46(6):15.
7. Mosher WD, Chandra A, Jones J. Sexual behavior and selected health measures: men and women 15-44 years of age, United States, 2002. *Adv Data* 2005 September 15;(362):24 Table 6. Available from: http://www.cdc.gov/nchs/data/ad/ad362.pdf. Accessed 2007 Feb 7.
8. Sanders GD, Taira AV. Cost-effectiveness of a potential vaccine for human papillomavirus. *Emerg Infect Dis*. 2003;9(1):37-48.
9. Munoz N, Castellsague X, de Gonzalez AB, Gissmann L. Chapter 1: HPV in the etiology of human cancer. *Vaccine*. 2006;24(S3):S1-S10. Epub 2006 Jun 23.
10. Kahn JA. Vaccination as a prevention strategy for human papillomavirus-related diseases. *J Adolesc Health*. 2005;37(6 Suppl):S10-6.
11. Advisory Committee on Immunization Practices (ACIP). ACIP Provisional Recommendations for the Use of Quadrivalent HPV Vaccine [webpage on the Internet; 2006 Aug 14]. Available from: http://www.cdc.gov/Nip/recs/provisional_recs/hpv.pdf. Accessed 2007 Feb 7.
12. Slonim AB, Roberto AJ, Downing CR, *et al*. Adolescents' knowledge, beliefs, and behaviors regarding hepatitis B: Insights and implications for programs targeting vaccine-preventable diseases. *J. Adolesc Health* 2005;36(3):178-186.
13. Villa LL, Costa RL, Petta CA, et al. High sustained efficacy of a prophylactic quadrivalent human papillomavirus types 6/11/16/18 L1 virus-like particle vaccine through 5 years of follow-up. *Br J Cancer*. 2006;95 (11):1459-1466.

Return to News Room »